CENTRAL FAX CENTERO. 508

P. 1

APR 1 2 2007

PTC/SB/97 (08-03)
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### RECEIVED NO. 508 Pap. 2 of 2 CENTRAL FAX CENTER

# APR 1 2 2007



# United States Patent and Trademark Office

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U.S. APPLICATION NUMBER NO.

FIRST NAMED APPLICANT

ATTY, DOCKET NO. 2003/13

10/550,260

Thomas Falke

INTERNATIONAL APPLICATION NO.

PCT/US03/40872

I.A. FILING DATE

PRIORITY DATE

12/22/2003

12/23/2002

43693 INVISTA NORTH AMERICA S.A.R.L. THREE LITTLE FALLS CENTRE/1052 2801 CENTERVILLE ROAD WILMINGTON, DE 19808

**CONFIRMATION NO. 1356 371 FORMALITIES LETTER** \*OC000000022190188\*

Date Mailed: 02/22/2007

# Notification of Insufficient Fees (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 09/22/2005
- Copy of the International Search Report filed on 09/22/2005
- Copy of IPE Report filed on 09/22/2005
- Copy of Annexes to the IPER filed on 09/22/2005
- Information Disclosure Statements filed on 09/22/2005
- Oath or Declaration filed on 06/28/2006
- Request for Immediate Examination filed on 09/22/2005
- U.S. Basic National Fees filed on 09/22/2005
- Substitute Specification filed on 09/22/2005
- Assignment filed on 09/22/2005
- Priority Documents filed on 09/22/2005
- Specification filed on 09/22/2005.
- Claims filed on 09/22/2005
- Abstracts filed on 09/22/2005



The following items MUST be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

 Additional claim fees of \$360 as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

### SUMMARY OF FEES DUE:

Total additional fees required for this application is \$360 for a Large Entity:

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- Total additional claim fee(s) for this application is \$ 360
  - \$360 for multiple dependent claim surchare.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

Registered users of EFS-Web may alternatively submit their reply to this notice via EFS-Web. https://sportal.uspto.gov/authenticate/AuthenticateUserLocalEPF.html

For more information about EFS-Web please call the USPTO Electronic Business Center at 1-865-217-9197 or visit our website at <a href="http://www.uspto.gov/ebc.">http://www.uspto.gov/ebc.</a>

If you are not using EFS-Web to submit your reply, you must include a copy of this notice.

### BARBARA A CAMPBELL

Telephone: (703) 308-9140 EXT 217

## PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY, DOCKET NO.
10/550,260	PCT/US03/40872	2003/13

FORM PCT/DO/EO/923 (371 Formalities Notice)

NO. 508

APR 1 2 2007

Appl. No. 10/550,260 Attorney Docket 2003/13 US Notification of Insufficient Funds

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

n re Patent Application of:	)
Thomas Falke et al.	Group Art Unit: 1733
Application No.: 10/550,260	Examiner: Unknown
Filed: June 28, 2006	Attorney Docket: 2003/13
	) Confirmation No.: 1356

### RESPONSE TO NOTIFICATION OF INSUFFICIENT FUNDS

Via Facsimile No. 571 273 8300

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Notification of Insufficient Fees mailed February 22, 2007 (a copy of which is attached), please charge the additional claim fees of \$360 to Deposit Account 50-3223 (INVISTA North America S.à r.l.). If the fee is insufficient or incorrect, please charge or credit the balance to the above-identified account.

Dated:	April 12, 2007	Respectfully submitted.
Dalcu.	April 12, 2007	recopoolidity odoriikoo

Robert B. Furr Jr. Attorney for Applicant

Reg. No. 32,985

Phone: (302) 683-3316 Fax: (302) 683-3473 00000052 503223 10550260

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PTO/SB/17 (07-06)
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Effective on 12/	Complete if Knawn							
Fees pursuant to the Consolidated Appr	Application Number 10/550,260							
FEE TRANSMITTAL [			Filing Date	June	June 28, 2006			
For FY	First Named Invento	r Thor	Thomas Falke et al.					
			Examiner Name	Unkr	Unknown			
Applicant claims small entity st	atus. See 37 CFR 1.27		Art Unit	1733	1733			
TOTAL AMOUNT OF PAYMENT	(\$) 360.00		Attorney Docket No	. 2003	2003/13 US			
METHOD OF PAYMENT (chec	METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Ac	=		•		nvista N.A. S	S.a.r.l.		
For the above-identified dep	osit account, the Directo	or is her						
Charge fee(s) indicate						cept for the filing fee		
Charge any additiona	l fee(s) or underpaymer	nts of fe	e(s) Credit am	y overpay	ments			
under 37 CFR 1.16 a WARNING: Information on this form m	nd 1.17 ay become public. Gredit		` <u>`</u>			ovide credit card		
information and authorization on PTO- FEE CALCULATION	2038.							
	ND EVAMINATION I	eeeè			_			
1. BASIC FILING, SEARCH, A	NG FEES	SEAF	CH FEES E	XAMINA	TION FEES			
	Small Entity	Fee (\$	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)		
		500	1 <u>Fee (\$)</u> 250	200	<u>Fee (3)</u> 100			
				130				
Design 200	<del>-</del>	100	50	160	65 80			
Plant 200		300 500	150	600	300			
Reissue 300		• • •	250	0	0			
Provisional 200	100	0	0	U	U	Small Entity		
2. EXCESS CLAIM FEES Fee Description					Fee (\$)	Fee (\$)		
Each claim over 20 (includi	ng Reissues)				50	25		
Each independent claim over	ar 3 (including Reissu	ies)			200 360	100 180		
Multiple dependent claims  Total Claims Extra	Claims Fee (\$)	Fe	e Paid (\$)			pendent Claims		
- 20 or HP =	x	_ =			Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims (			Daid (\$)					
Indep, Claims Extra	<u>Claims</u> <u>Fee (\$)</u>	= <u>F#</u>	<u> Paid (\$)</u>			j		
HP = highest number of independent	claims paid for, If greater th	nen 3.						
3. APPLICATION SIZE FEE If the specification and drawi	noe avosed 100 shoot	te of no	ner (excluding ele	ctronical	ly filed seque:	nce or commuter		
listings under 37 CFR 1.5	2(e)), the application	size fo	ee due is \$250 (\$12	5 for sm	all entity) for	each additional 50		
sheets or fraction thereof.	See 35 U.S.C. 41(a)	¥1)(ሮ)	and 37 CFR 1.16(	s).				
Total Sheets Extra - 100 =	<u>Sheets Numbé</u> / 50 =	of 65	ch additional 50 or f (round up to a who	rection ti	<u>nereof Fee</u> ≆r) x	(\$) Fee Paid (\$)		
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)								
Other (e.g., late filing surcharge): Insufficient Funds Fee 380.00								
SUBMITTED BY Signature	12/		Registration No. 32,	985	Telepho	ine (302) 683-3316		

Date April 12, 2007 Name (Print/Type) Robert B. Fufr, Jr.

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